



# APPLICATION FOR A DUPLICATE LICENSE

State Form 42480 (R3/11-01)

Approved by the State Board of Accounts 2001

RETURN ALL THREE COPIES TO:

INDIANA DEPARTMENT OF  
NATURAL RESOURCES  
Division of Fish and Wildlife  
402 W. Washington St. Rm W273  
Indianapolis, IN 46204

Check the type duplicate license for which you are applying.

- |   |         |  |         |
|---|---------|--|---------|
| <input type="checkbox"/> Resident Hunting             | \$7.00  | <input type="checkbox"/> Resident Deer Muzzleloader              | \$12.00 |
| <input type="checkbox"/> Resident Fishing             | \$7.00  | <input type="checkbox"/> Resident Deer Archery                   | \$12.00 |
| <input type="checkbox"/> Resident Hunting and Fishing | \$10.00 | <input type="checkbox"/> Resident Deer Firearm                   | \$12.00 |
| <input type="checkbox"/> Resident Trapping            | \$7.00  | <input type="checkbox"/> Resident Extra Deer Archery             | \$12.00 |
| <input type="checkbox"/> Game Bird Habitat Stamp      | \$4.00  | <input type="checkbox"/> Bonus Antlerless Deer                   | \$12.00 |
| <input type="checkbox"/> Waterfowl Stamp              | \$4.00  | <input type="checkbox"/> Resident Annual Youth Hunting & Fishing | \$4.00  |
| <input type="checkbox"/> Trout / Salmon Stamp         | \$5.00  | <input type="checkbox"/> Resident Turkey                         | \$12.00 |
|   |         | <input type="checkbox"/> Resident 1-day Fishing                  | \$4.00  |

**Total Amount Included**      \$

## AFFIDAVIT STATE OF INDIANA

County of \_\_\_\_\_

I, \_\_\_\_\_ after

being duly sworn, depose and say, that I am a resident of the State of Indiana and have resided

in Indiana for the past \_\_\_\_\_ years, \_\_\_\_\_ months and now reside at:

\_\_\_\_\_  
Street and number

\_\_\_\_\_ and \_\_\_\_\_;

City, State and ZIP code

Area code and telephone number

that my occupation is \_\_\_\_\_; that my personal

description is: Age \_\_\_\_\_, Date of Birth \_\_\_\_\_, Ht. \_\_\_\_\_,

Wt. \_\_\_\_\_, Sex \_\_\_\_\_, Hair Color \_\_\_\_\_, Eye Color \_\_\_\_\_; and

I did purchase a \_\_\_\_\_ from \_\_\_\_\_  
Year and name of license checked above      Name of retail outlet

on or about the date of \_\_\_\_\_ and that said license has been:

☐ Lost      ☐ Destroyed      ☐ Stolen

## SIGNATURE AND VERIFICATION

I, \_\_\_\_\_, certify that my license has not been revoked by any court action or by the Department of Natural Resources, nor, is there any court action pending against me for hunting, trapping or fishing in this state in violation of the Indiana Fish and Wildlife Act.

Signature of affiant

Date signed

Sworn to and subscribed before me, a Notary, in and for the County of \_\_\_\_\_, State of Indiana, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary

Printed or typed name of Notary

Date Commission expires

## FOR OFFICE USE ONLY (DNR validation seal must be affixed)

Total amount received

Date validated

\$

Sold by:

Date of expiration